

## DEPARTMENT OF HEALTH SERVICES

744 P STREET  
SACRAMENTO, CA 95814  
(916) 445-6141



April 7, 1983

To: All County Welfare Directors

Letter No. 83-26

ERROR ON MC 177 S-M (8-82)

When the MC 177 S-M (8-82), Record of Health Care Costs - Share of Cost form was revised from quarterly to monthly, a designated box for the certification date was not included. Also, the eligibility column titled "Eligible In" with the letters "ABC" was not omitted.

Please inform your staff of the following instructions when reviewing the MC 177 S-M (8-82). The eligibility worker should mark only column "A" in the box titled "Eligible In". They should also indicate a certification date in front of their signature in the box titled "Reviewed By". (See sample below.)

Reviewed By:		Trans	Replace
Cert. Date	Signature		

We anticipate correcting the MC 177 S-M (8-82) once the old supply is exhausted. We apologize for the inconvenience this may have created.

If you should have any questions, please call Dahlia Curry of my staff at (916) 445-1912.

Sincerely,

ORIGINAL SIGNED BY

Jo Ann Wray  
Acting Deputy Director  
Health Care Policy and  
Standards Division

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants